

State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

## CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

OOP / UNIT: F		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, Dept. of Agriculture	
DATE: 08-04	TIME: 1140	INVESTIGATING TROOPER / OFFICER: TFC JULIE MARTIN	DPS CASE NUMBER: DRS-04-036606
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 308 West main Street CHESTER			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION This investigator was assigned to assist the state Animal Control officer at the above location. The accused came out of her residence and began swearing in an uncontrollable manner. Accused was told to go inside her house and not to interfere with the investigation. Accused came outside again and began yelling in a threatening manner at the Animal Control officer.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: DIAZ, Ethel <input type="checkbox"/> M <input type="checkbox"/> F	DOB: 9-23-50	ADDRESS: 308 West main Street CHESTER	
CHARGES: 1. Interfering 53A-167a 2. Disorderly Conduct 53A-182	COURT: GA: 9 TOWN: Middletown DATE: 7-26-04	BOND: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 5000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: [Signature] ID #: 285 DATE: 7/23			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			